

# M.K.D. D.A.V. PUBLIC SCHOOL NESHTA (ATTARI) AMRITSAR 143108 Contact No. – 84270-35137

Controlled & Managed By: DAV College Managing Committee, New Delhi-55 Affix Passport Size photo

Application for the post of NTT/ PRT /TGT /PGT /Others\_

A	A. PERSONAL DETAILS (Capital le	etters)			
1.	NAME (in block letters)				
2.	FATHER'S / HUSBAND NAME		-		
3.	DATE OF BIRTH				
4.	PLACE OF BIRTH				
5.	MARITAL STATUS	80 50	a.	*	
6.	NATIONALITY				
7.	SEX		×	n da	
8.	LANGUAGES KNOWN				
9.	WHETHER POSES DAV CBT				
	PEC (Yes/ No)				
10.	ADDRESS		kon s		
11.	CONTACT NO.		-	) R	

## **B. QUALIFICATION ACADEMIC:**

Diploma/ Degree	Name of School/ college/ university	Name of board/ university	Year of passing	Total Marks Obtained	% age
High/ Sec. School	· · · ·			<ol> <li>Martine Structure and an and a second se second second sec</li></ol>	
Sen. Sec. School			¢		
B.A./		я. 			
B.Sc./B.Com/B.C.A.			n a segar ta		
M.A./M.Sc./M.Com./				на станција 14	
M.C.A.					
B.Ed. (Specify Teaching					
Subject)					
CTET/ PSTET (I, II)/ JBT			Ē		8
TET					e
Specify Computer					
Knowledge, if any			н.		8
Any other additional		67		al an	10
Qualification	5. 				

C. GAMES & SPORTS:

Games Played (1) (2)

Standard achieved represented College/ University / State. Attach additional sheet if necessary

(3)

D. CREATIVE ACTIVITES:- Abilities and standard achieved in : Arts, Crafts, Music, Debate, Dancing, socially useful and productive work etc. Name of activity which you can handle

### **E. TEACHING EXPERIENCE:**

Sr. No.	Name of the Institution	Designation	Classes Taught	Period of services	Total Expe	Period of rience
		a a				a *
	ж <sup>.</sup>					
			7			

#### F. **RESEARCH EXPERIENCE**: (If any)

Name of University	Duration	Subject	<b>Result/ Progress</b>
		· ·	
a periodiate			
G. RELIGIOUS VI		а Л. П. С.	
IL DUDI ICATION	I. If any to your and	1:+	¥ 11

- H. PUBLICATION: If any to your credit
  - a.)
  - b.)
- SALARY; I.

(Will you accept the minimum salary offered? If not mention salary of total emolument expected Rs. J. **REFERENCES** : (Give Names, professional and address of three references)

- - a.) \_\_\_\_\_
- b.) K. Notice Period required. Mention probable date of joining school, if selected

L. I solemnly declare that statement made by me is correct to the best of my knowledge & Belief.

## SIGNATURE \_\_\_\_\_\_ NAME OF CANDIDATE \_\_\_\_\_ DATE

NOTE:-

- 1. Form to be deposited in duplicate along with set of attested certificates (degrees & detail marks) and a copy of PEC (Provisional Eligibility Card) issued by the DAVCMC.
- 2. Please register your name in the employment office and submit the photocopy of registration card along with the Employment form.
- 3. Fitness certificate from a registered Medical Practitioner at the time of joining.
- 4. 04 Passport sizes of photographs of employees.
- 5. Submission of joining report in duplicate at the time of joining.

# FOR OFFICE USE ONLY

Documents verified and signature by Education officer